POSITION		INITIALS	ID NO.	DATE	
FEE DETERMINATION			59	1607	
O.I.P.E. CLASSIFIER		MB	863	111-29-00	
FORMALITY REVIEW RESPONSE FORMALITY	REVIEW	<u> </u>	(
RESPONSE FORMALIT			7/47/	1/2/20/00	
			CLAUME Z	7- S. 5. 1	
a .		INDEX OF	CLAIMS/1627	Non-elected	
B		Rejected		Interrerence	
/Thro	uah numeral) .	Canceled	Α	Appeal	
÷		Restricted	0	Objected	
		Claim	Date	Claim Date	
aim Date				<u>a</u>	1 1 1
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13	1-1-1-1	63	++++	114	
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46		97	╌┼┼┼┼	148	444
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APPLICANTS [

If more than 150 claims or 10 actions staple additional sheet here

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